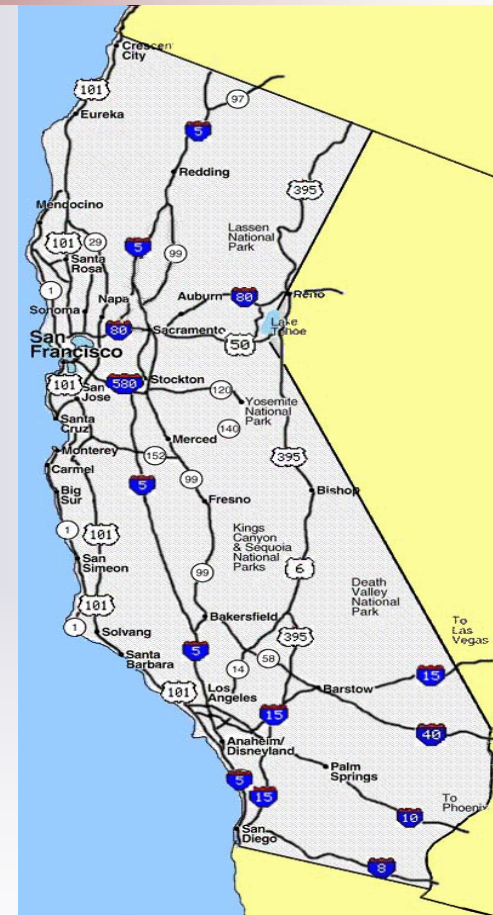


California Department of Alcohol and Drug Programs

Overview and Purpose



Welcome and Introductions

- ✚ dave neilsen
Deputy Director,
Program Services Division (PSD)
California Department of
Alcohol and Drug Programs (ADP)
- ✚ Marjorie McKisson,
Assistant Deputy Director, PSD
California Department of
Alcohol and Drug Programs (ADP)

Overview of the Session

- **Welcome**
- **Goals and Purpose**
- **Background and Context**
- **Stakeholder Input**
- **Summary of Day – Next Steps**
- **Adjournment**

Purpose of Sessions

Gather stakeholder input on:

- **future functions and program responsibilities associated with the implementation of the Realignment initiative**
 - **the appropriate organizational placement of remaining ADP functions**
-

3 Major Initiatives

- **Drug Medi-Cal Treatment Services Administration Transfer to DHCS**
- **Realignment of State/County Roles**
- **Transfer of ADP Functions and Elimination of ADP**

The DMC Transfer

For Information regarding the transfer of DMC to the Department of Health Care Services, please go to the following website:

*[http://www.dhcs.ca.gov/services/medi-cal/
Pages/DrugMedi-CalProgram.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/DrugMedi-CalProgram.aspx)*

Realignment

Governor's Budget for State Fiscal Year 2011-12 would provide \$184 million in realignment funds to counties for the purpose of “preventing, treating and providing recovery services for alcohol and drug services”.

Goals of Realignment

- ✦ **Protect California's essential public services.**
- ✦ **Create a government structure that meets public needs in the most effective and efficient manner.**
- ✦ **Have government focus its resources on core functions.**
- ✦ **Assign program and fiscal responsibility to the level of government that can best provide the service.**
- ✦ **Have interconnected services provided at a single level of government.**

Goals of Realignment (continued)

- ✦ Provide dedicated revenues to fund these programs.
 - ✦ Free up existing local funds not currently used for core services so they can be used as an enhancement for the realigned programs or for other core local priorities.
 - ✦ Provide as much flexibility as possible to the level of government providing the service.
 - ✦ Reduce duplication and minimize overhead costs.
-

Realignment Funding

The \$184 million in realigned funds to counties includes:

⊕ Non DMC Regular	\$5.2 m
⊕ Non DMC Perinatal	20.5 m
⊕ Drug Court Partnership Act	6.8 m
⊕ Comprehensive Drug Court Implementation Act	15.7 m
⊕ Dependency Drug Court	4.3 m
⊕ DMC Program	130.7m
⊕ State Support	0.8 m

Transfer of ADP Functions & Elimination of ADP

The Proposed Governor's Budget SFY 2012-13 includes provision for the elimination of ADP and the transfer of existing functions. Functions to be transferred include:

- ✦ Serve as SSA for SAPT Block Grant (BG) and other federal awards
- ✦ Perform functions for receipt of BG, including fiscal responsibility & oversight, and audit functions
- ✦ Data collection reporting & analysis

Transfer of ADP Functions & Elimination of ADP (continued)

- ✦ Program licensure & certification
- ✦ Counselor certification
- ✦ Statewide Needs Assessment & Planning
- ✦ Provide technical assistance
- ✦ Public education & information dissemination

Other Related Programs & Activities to be Transferred

- ✦ **The Office of Problem Gambling**
- ✦ **Parolee Services Network**
- ✦ **Driving Under the Influence Programs**
- ✦ **Administer SAMHSA/CSAT-CSAP Discretionary Grants**

ADP background

ADP is the Single State Agency (SSA) responsible for administering publicly-funded prevention, treatment and recovery support services for substance use disorders and problem gambling.

Background

During State Fiscal Year 2008-09 there were approximately 262,000 unique clients served in:

**833 licensed residential facilities,
842 certified outpatient facilities,
222 licensed detox facilities, and
145 licensed NTPs.**

There were also 319 county prevention programs.

Background (continued)

During State Fiscal Year 2008-09 there were:

- 319 county prevention programs.**
- Approximately 4 million persons received primary prevention services.**

(The 4 million persons includes 569,245 that received individual-based primary prevention services.)

Background (continued)

As of 2011, problem gambling treatment has 175 providers serving 1,064 clients; and a helpline providing service to over 475 clients per month.

All of this is accomplished using a county based system of services. Each county is responsible for the programmatic decisions on the scope of services based on local needs and priorities.

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Stakeholder Input

Question #1

What opportunities and/or benefits to counties, providers or clients do you see as a result of these separate initiatives (DMC transfer, Realignment of programs to counties, and the proposed elimination of ADP)?

Question #2

Review ADP Functions Handout

- **What do you believe will be the greatest challenges created by these changes?**
(For counties, providers, clients?)
- **What are your recommendations to address these challenges?**

Question #3

What are the most important functions/activities/programs to be retained at the state level? Any additional ones?

Question #4

Within which department or agency should these functions be located, and why?

Question #5

What are the most important functions/activities/programs to be performed at (*or transferred to*) the county level? (*Are there any new ones?*)

Question #6

What other strategies should the Department of Alcohol and Drug Programs employ to engage racially, ethnically, linguistically, and culturally diverse clients, family members, and community stakeholders?

Question #7

How can we best continue to involve stakeholders on an ongoing basis?

Core Principles

- ✦ **Services must be comprehensive, integrated, and high quality, with demonstrated effectiveness.**
- ✦ **Services must be accessible, affordable, individual and community-centered, and responsive to individual and family needs and differences.**
- ✦ **Delivering quality and effective care requires outcome and data-based planning for the entire system.**

Core Principles (continued)

- ✦ Potential problems can be prevented by reducing risk factors and increasing protective factors in both communities and individuals.
- ✦ Transient or non-dependent alcohol or other drug problems can be resolved through acute care, including brief intervention and brief treatment services.
- ✦ Recovery from severe and persistent (chronic) problems can be achieved through continuing and comprehensive alcohol and other drug treatment and recovery services.

California Department of Alcohol and Drug Programs

Next Steps

California Department of Alcohol and Drug Programs

Additional Comments

Send additional comments to:

ADPTransition@adp.ca.gov

[If you would like your comments posted on the ADP website, please indicate your permission in your email message.]